# Shoulder problemsoverview

Chris Little FRCS (Tr & Orth)

Consultant Hand and Upper Limb Surgeon NOC

#### Aims

Discuss common shoulder problems

Field questions (any upper limb problem)

Practice shoulder examination

Discuss service re-configuration

### What should I know about shoulders?

- Impingement
  - Supraspinatus tendonitis, subacromial impingement, bursitis
  - Spectrum to rotator cuff tears
  - 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> decades
  - Mid-arc pain

#### What should I know about shoulders?

- Frozen shoulder
  - Synovial inflammation and subsequent capsular fibrosis
  - Aetiology unknown
  - Loss of range especially external rotation
  - Usually self limits over >2 years
  - Residual symptoms common

### What's New?

- Impingement
  - Scapular-control exercises
  - Arthroscopic treatments
    - UKUFF trial

- Frozen shoulder
  - 10% still have symptoms at 3 years

### Examination tips

· Look for wasting of supra and infraspinatus

- Move the neck, move the shoulder
- Define the bottom and top of the painful arc
- External rotation is the key
- Watch the scapula

Learn an impingement test

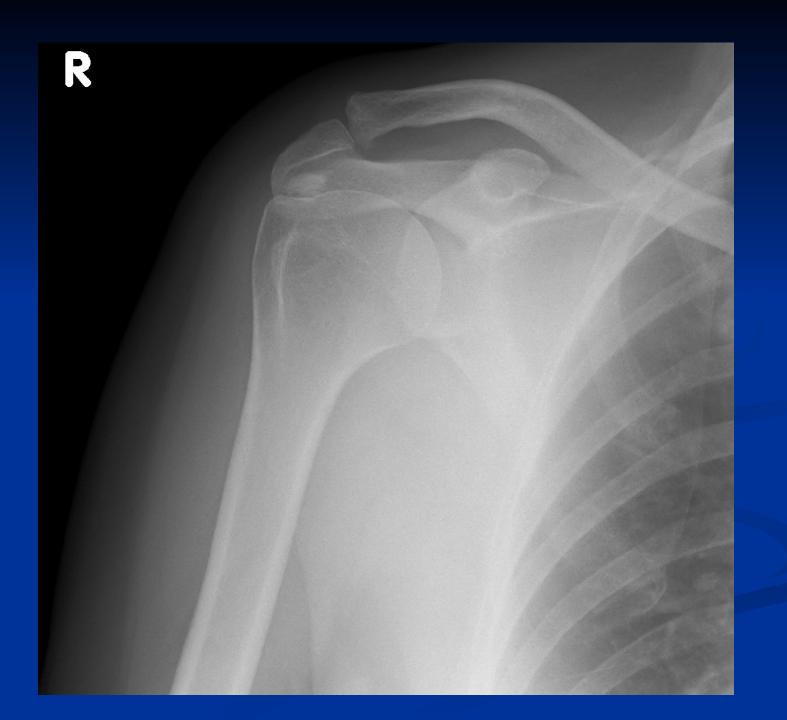
### Examination tips

- Re-assess 10 minutes after injection
  - Neer's test
  - Minimal / moderate / good
- Failure of injection
  - Wrong site
  - Wrong diagnosis

# Practical management tips

### Impingement

- Exclude acute calcific tendinitis with Xray
- Develop technique of subacromial injection
- Physio should be directed to scapula, not just rotator cuff



# Practical management tips

#### Frozen shoulder

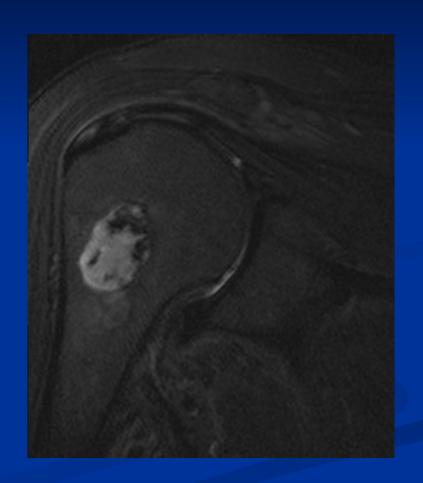
- Exclude OA with x-ray
- GHJ injection for pain
- Neurogenic painkillers for arm pain
- Physiotherapy once pain settling
- Surgery in thawing phase if fed up waiting

### When to refer

- If diagnosis is in doubt
- Failure to improve with 1 or 2 steroid injections and physio
- Red flags:
  - Suspicion of tumour
  - Infection
  - Trauma and loss of contour
  - Neurological lesion

# Cautionary tale





## Take home messages

Loss of ER key to diagnosing frozen shoulder

Develop a feel for injections

• Subacromial space is separate to the gleno-humeral joint

· Degenerate cuff tears do not necessarily need repair

# Any questions?

christopher.little@noc.anglox.nhs.uk

### Shoulder and elbow service

- Change to one-stop system
  - Imaging on day
  - Discuss all treatment options
  - Commence therapy

- Discharge with management plan
- List
- Observe or investigate

### One-stop clinics

- Diagnosis and discussion
- · Agree management plan
- List directly from primary care or therapy
- Review in PAC, not OPD

- Happy to review for injections as needed
  - 6-8 weeks to OPD; 7-8 weeks to theatre

### Injections

Happy to see and do

Happy to see if not effective

Happy to come and show…

# Thank you

christopher.little@noc.anglox.nhs.uk